



**TENNESSEE DEPARTMENT OF HEALTH
BUREAU OF HEALTH LICENSURE AND REGULATION
DIVISION OF HEALTH CARE FACILITIES
227 FRENCH LANDING, SUITE 501, HERITAGE PLACE METROCENTER
NASHVILLE, TENNESSEE 37243
TELEPHONE (615) 741-7221
FAX (615) 253-4356
UNUSUAL EVENT REPORT**

Facility Name: _____		License No: _____
Address: _____		
City: _____	State: _____	Zip: _____
Phone: _____	E-Mail: _____	
Fax: _____		

π Not Patient Specific		Date of Occurrence: _____	Time: _____	____ AM ____ PM	
Patient Information: Age: _____	<input type="checkbox"/> Days	Race: <input type="checkbox"/> 1 - American Indian or Alaska Native <input type="checkbox"/> 5 - Native Hawaiian or Pacific Islander	<input type="checkbox"/> 2 - Asian <input type="checkbox"/> 6 - White		
	<input type="checkbox"/> Weeks				
	<input type="checkbox"/> Months				<input type="checkbox"/> 3 - Black or African-American <input type="checkbox"/> UK - Unknown
	<input type="checkbox"/> Years				<input type="checkbox"/> 4 - Hispanic or Latino
MR # _____			Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Occurrence Code: _____					
Diagnosis: (max. number 4)		Procedure: (max. number 4)			
_____ Alzheimer/Dementia		_____ Cardiovascular			
_____ Cerebral Vascular Injury/Disease		_____ Cosmetic			
_____ Diabetes		_____ EENT			
_____ Gastrointestinal Disorders		_____ Gastroenterology			
_____ Genitourinary Disorders		_____ Neurologic			
_____ Heart Disease		_____ OB/GYN			
_____ Hypertension		_____ Oncology			
_____ Infectious Disease		_____ Orthopedic			
_____ Malignant Neoplasm/Blood Disorders		_____ Respiratory			
_____ Neurological		_____ Urology			
_____ Neurotic/Personality Disorders					
_____ Orthopedic Injury/Condition					
_____ Parkinson's Disease					
_____ Renal Failure					
_____ Respiratory Illness					
_____ Vascular Diseases					
_____ Other					

Brief Summary of Incident: _____

Report Date: _____ Reporter: _____